

Active Management of the Third Stage of Labor (AMTSL)

Offer to every woman...

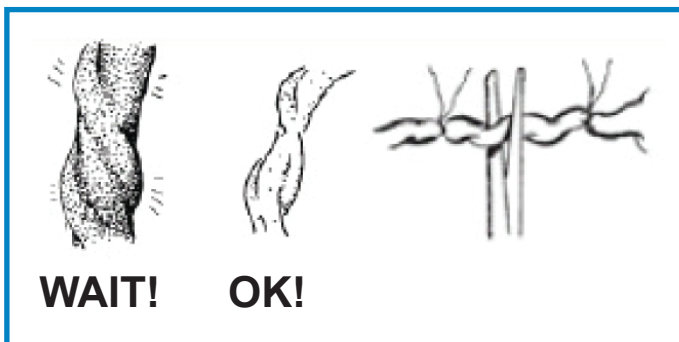


1. Place the baby in skin-to-skin contact on the abdomen of the mother, dry the baby thoroughly from head to toe, assess the baby's breathing and perform resuscitation if needed. Cover the woman and baby.

2. Administer a uterotonic (the uterotonic of choice is oxytocin 10 IU IM) immediately after birth of the baby, and after ruling out the presence of another baby.



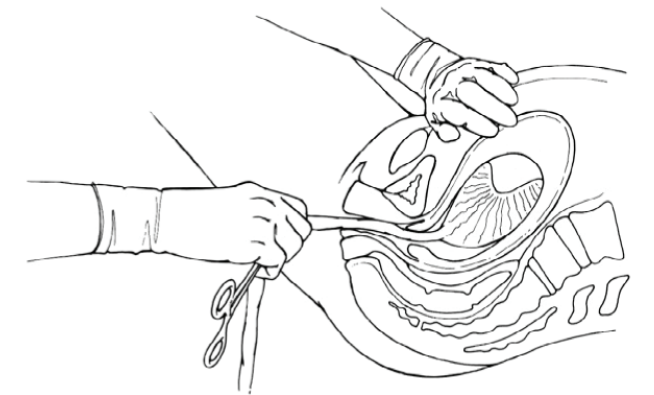
3. Clamp and cut the cord after cord pulsations have ceased or approximately 2–3 minutes after birth of the baby, whichever comes first. Cover the cord with a piece of gauze when cutting the cord to avoid splashing of blood.



4. Place the infant directly on the mother's chest, prone, with the newborn's skin touching the mother's skin. Cover the baby's head with a cap or cloth. Cover the woman and baby.



5. Perform controlled cord traction while, at the same time, supporting the uterus by applying external pressure on the uterus in an upward direction towards the woman's head.



6. After delivery of the placenta and membranes, check uterine tone, and if it is soft, massage the fundus until firm and monitor more frequently.



During recovery, assist the woman to breastfeed, monitor the newborn and woman closely, palpate the uterus through the abdomen every 15 minutes for two hours to make sure it is firm and monitor the amount of vaginal bleeding. Provide PMTCT care as needed.

...at every birth, by every skilled provider.